

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	R H	43	10/11/23/31
<b>O.I.P.E. CLASSIFIER</b>	(W)	903	11-28-00
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	10/13/01
Original	12/23/01
1 1 ✓	= = ✓
2 2 ✓	= = ✓
3 3 ✓	= = ✓
4 4 ✓	= = ✓
5 5 ✓	= = ✓
6 6 ✓	= = ✓
7 7 ✓	= = ✓
8 8 ✓	= = ✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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**BEST AVAILABLE COPY**949  
11/8/01